



CLAIM INQUIRY FORM

Background Actors Department- Los Angeles
Backgroundactorsclaims@sagaftra.org

New York - Entertainment Contract Claims
 SAG-AFTRA
 1900 Broadway, New York, NY 10023
 Phone: (P)212 944-1030 (F)212 944-6774
NYEntertainmentContractClaims@sagaftra.org

INTAKE BY:	Date of (Circle One) Call / Letter / Visit / Email:
Classification: Principal <input checked="" type="checkbox"/> Stunt Performer <input type="checkbox"/> Singer <input type="checkbox"/> Dancer <input type="checkbox"/> Voice Over <input checked="" type="checkbox"/> Background <input type="checkbox"/> Extra (commercial) <input type="checkbox"/> Other (Specify: _____)	Production Type: Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Television <input type="checkbox"/> Promo <input checked="" type="checkbox"/> PSA <input type="checkbox"/> Infomercial <input type="checkbox"/> Theatrical <input type="checkbox"/> Music Video <input type="checkbox"/> Interactive <input type="checkbox"/> Minor: Yes <input type="checkbox"/> No <input type="checkbox"/> Parent/Guardian: _____
Engagement: Daily <input type="checkbox"/> 3-Day <input type="checkbox"/> Weekly <input type="checkbox"/> Salary: \$ _____	Claim Type: Covid 19 <input type="checkbox"/> Late Payment <input type="checkbox"/> MPV/NDB <input type="checkbox"/> Wardrobe Allowance <input type="checkbox"/> Other <input type="checkbox"/>

PERFORMER:	Social Security #:
Address:	Member #:
	E-mail:
Home Phone:	Agency/Agent:
Cell Phone:	Agent Contact #:

SIGNATORY:	Production Company:
Product:	Payroll Co:
Title:	Commercial ID/Ad-ID:
Session/Employment Date:	Casting Director, Producer, etc.:

Previous contact made in connection with claim? By whom? With whom? Please describe.

DESCRIPTION OF CLAIM: (If upgrade, please accurately describe what you're wearing and the scene you appear in)

I declare under penalty or perjury under the laws of the State of New York that the foregoing is true and correct.
 X _____

FOR OFFICE USE ONLY:		
Assigned to:		
Claim #:	Oracle #:	Issue:
Signatory Number:	Production Number:	
Signatory Contact:	Production Contact:	
Signatory Phone Number:	Production Phone Number:	
Signatory E-mail/Fax #:	Production E-mail/Fax #:	
Signatory Address:	Production Address:	